



BARBARA K. CEGAVSKE
Secretary of State
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SECRETARY OF STATE
ELECTIONS DIVISION

2477

State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Coalition Against Legalizing Marijuana - Nevada (CALM NV)

Telephone:

702-825-4240

Mailing Address:

PO Box 751201

Street Name, Number

Las Vegas

City

NV 89136

State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

CALM NV is a group of parents, public safety officials, doctors, teachers and concerned citizens who will actively fight the legalization of recreational marijuana in Nevada.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Jeff Kaye

Telephone:

702-825-4240

Physical Address:

PO Box 751201

Street Name, Number

Las Vegas

City

NV 89136

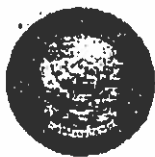
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.**X**

Signature of Registered Agent

Date:

01/15/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Jeff Kaye - Chairman

Telephone:

702-825-4240

Mailing Address:

PO Box 751201

Las Vegas

NV 89136

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

N/A

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Signature of Representative of Group

Printed Name:

Jeff Kaye

Date:

01/15/2016

Telephone:

702-825-4240

EL400

Revised: 11-5-15